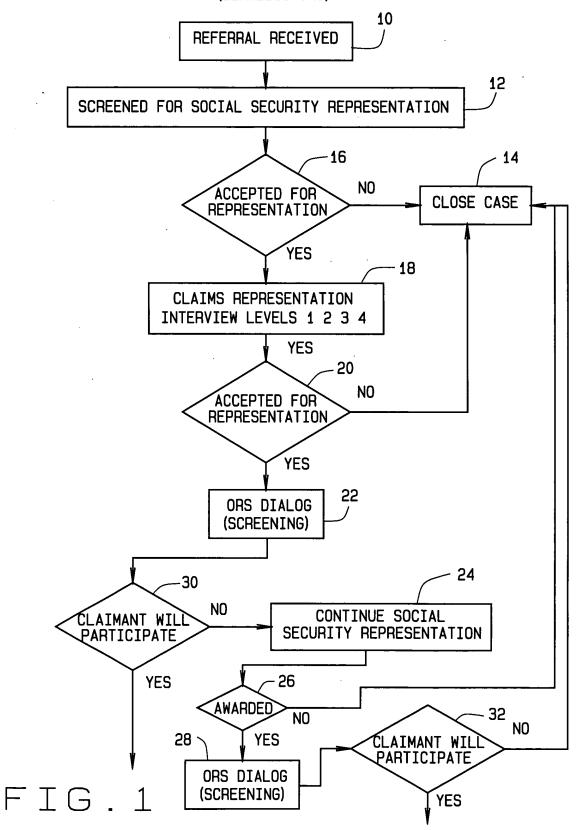
Sheet 1 of 11 Docket No.: AI 7391 C1 Inventors: James F. ALLSUP and Scott P. POSTON

·!- -:

Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component Express Mail #: EV 383194486 US

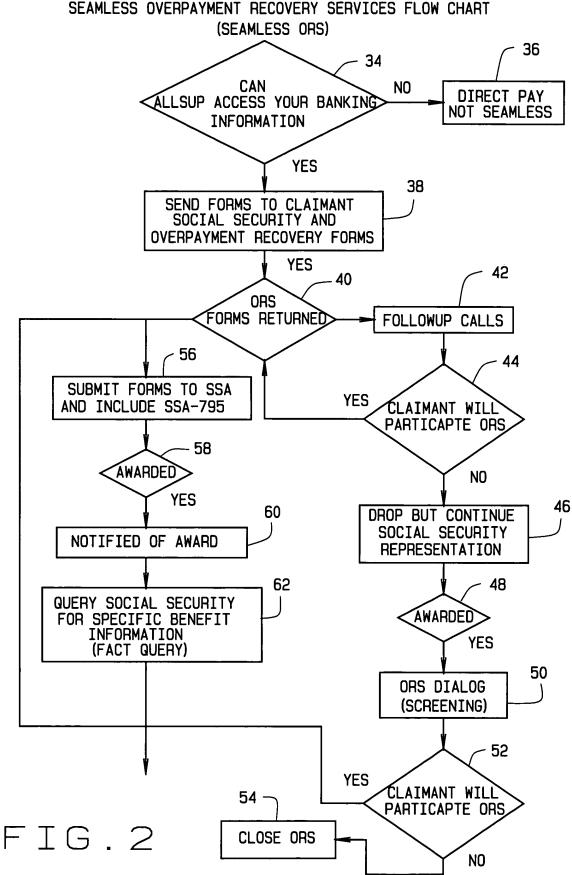
## SEAMLESS OVERPAYMENT RECOVERY SERVICES FLOW CHART (SEAMLESS ORS)



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Atty: Ned W. Randle Phone: 314-238-2400

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Scott P. POSTON
Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component Express Mail #: EV 383194486 US

## SEAMLESS OVERPAYMENT RECOVERY SERVICES FLOW CHART (SEAMLESS ORS)

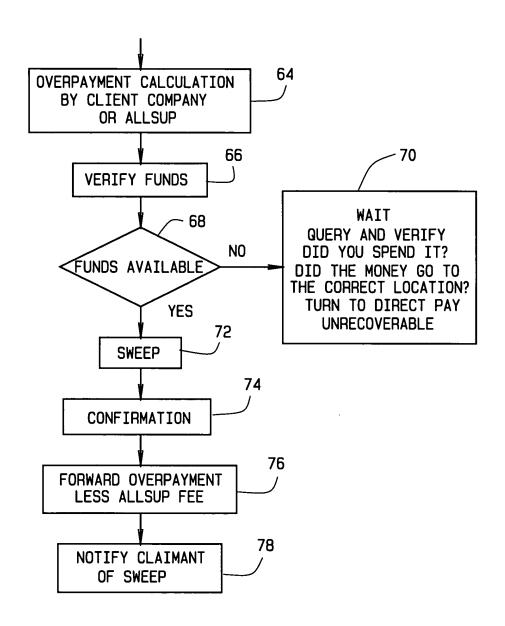


FIG.3

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Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component

Express Mail #: EV 383194486 US

☐ SMARTWARE FOR WINDOWS (NEW VERSION) WINDOW 1: 07/26/2000 02: 42: 20P ORSDATA5.VW SSR CASE ORS DATA FILE SCREEN 1 CLIENT CO SITE ID **EMPLOYER** DECEASED/NO MAIL: SSN CLAIMANT ADDRESS 1 ADDRESS 2 CITY/ST/ZIP: CONSULTANT ASSISTANT LEVEL/STS CLAIM NBR. CLMT ELCTD AOD PgDn FOR CLIENT DATA MENU: DATA FILE ORDER PRINT TOOLS WINDOW HELP REMEMBER QUIT VIEW: ORSDATA5.VW WINDOW 1 **REC: 1 (1)** LOAD CREATE MODIFY SAVE UNLOAD ACTIVATE DISPLAY-ACTIVE IMPORT EXPORT PASSWORD

☐ SMARTWARE FOR WINDOWS (	NEW VERSION)	
WINDOW 1 ———————————————————————————————————	SSR CASE ORS DATA FILE	— {{<→}} △ 07/26/2000
SCREEN 2	Soli Great Great British Files	02: 42: 20P
INITIAL FORMS TO CLMT : INITIAL FORMS FU : INITIAL FORMS TO SSA :	DID ALLSUP DO INITIAL APP: INITIAL APP STATUS : RECON FORMS FU :	
ORS STATUS ORS COMMENT NO REASON CURRENT ORS STAGE ORS FU DATE LEAD ORS FU DATE INITIAL REFERRAL STATUS SSA FORM 795	TYPE: ASSIGNED 2: TYPE: LEAD ASSNG: PENDING DIR PAY OPTION AVAIL:	ALTF5 ME
CALL TRANSISTIONED BY REF	: CLAIMANT INCENTIVE :	
ORS GROUP	: PgDn FOR TALK SHEET	
4		
	T TOOLS WINDOW HELP REMEMBER QUIT	
VIEW: ORSDATA5.VW WINDOW 1		REC: 1 (1)
LOAD CREATE MODIFY SAVE UN	LOAD ACTIVATE DISPLAY-ACTIVE IMPORT EX	XPORT PASSWORD

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Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment
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Express Mail #: EV 383194486 US

SMARTWARE FOR WINDOWS (I	NEW VERSION)			
ORSDATA5.VW SCREEN 3	SSR CASE ORS DAT	A FILE		== {{<->}} 07/26/2000 02: 42: 20P
CASE RECEIVED BANK FORMS TO CLAIMANT BANKS FORMS RECEIVED FROM BANK ACCOUNT TRANSFER DATA	A :	DIRECT PAY ORS INIT LE ORS AUTH RE	TTER:	
ORS REPAYMENT METHOD/ACCT CASE RETURNED	TYPE :	TIME :	0	
OP TO CLIENT OP FROM CLIENT OP RECEIVED ORS CLOSED	:	TIME : TIME :	0	
	PgDn FOR BANK D	ATA		
MENU: DATA FILE ORDER PRIN' VIEW: ORSDATA5.VW WINDOW 1 LOAD CREATE MODIFY SAVE UNI				REC: 1 (1) PORT PASSWORE
	FIG.	6		

☐ SMARTWARE FOR WINDOWS (NEW VERSION)	
WINDOW 1 ORSDATA5.VW SCREEN 4 SSR CASE ORS DATA FILE	{{<→}}} 07/26/2000 02: 42: 20P
TALKSHEET  DATE   COMMENT  07/18/2000 07/18/2000 03/24/2000 03/01/2000 03/01/2000 02/09/1999 12/10/1997 12/10/1997 04/10/1997	EMP
PgDn FOR FEE DATA	
MENU: DATA FILE ORDER PRINT TOOLS WINDOW HELP REMEMBER	
VIEW: ORSDATA5.VW WINDOW 1 LOAD CREATE MODIFY SAVE UNLOAD ACTIVATE DISPLAY-ACTIVE	REC: 1 (1) IMPORT EXPORT PASSWORD

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Scott P. POSTON Atty: Ned W. Randle Phone: 314-238-2400 Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component

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☐ SMARTWARE FOR WINDOWS (NEW VERSION	
WINDOW 1 ORSDATA5.VW SCREEN 5 SSDR CA	SE ORS DATA FILE 07/26/2000 02: 42: 20P
A. SSDI RETROACTIVE BENEFITS C. DEPENDENT RETROACTIVE BENEFITS D. EXTRA SSDI MONTHLY PAYMENT	: 0.00 ACTUAL PAYMENT TYPE : AMTAUTHBYCLIENT \$0.00
E. TOTAL FUNDS AVAILABLE TO REPAY F. GRS OVERPAYMENT AMT DUE CLIENT G. CLAIMANT INCENTIVE PERCENTAGE	: 0.00 : %
H. CLAIMANT INCENTIVE AMOUNT I. NET OVERPAYMENT DUE TO CLIENT J. AMOUNT RECOVERED FROM CLAIMANT	: 0.00 : 0.00
K. ORS FEE BASIS L. OVERPAYMENT RECOVERY FEE % M. ORS FEE	Q. CLAIMS FEE
N. PERCENTAGE OF OP RECOVERED (J/I) O. PERCENTAGE OF OP TO REPAY (J/E) P. PERCENTAGE OF OP TO RETRO (J/1)	: 0.0 : 0.0
MENU: DATA FILE ORDER PRINT TOOLS W	PAGE DUMIN FOR MORE DATA (
VIEW: ORSDATA5.VW WINDOW 1 LOAD CREATE MODIFY SAVE UNLOAD ACTIV	REC: 1 (1) VATE DISPLAY-ACTIVE IMPORT EXPORT PASSWORD
FI	G.8
SMARTWARE FOR WINDOWS (NEW VERSION AND AND AND AND AND AND AND AND AND AN	
WINDOW 1 ORSDATA5.VW SCREEN 6 ORS DA	TA PARTIAL PAY 07/26/2000 02: 42: 20P
PAYMENTS — PAYMENT DA P B	

MENU: DATA FILE ORDER PRINT TOOLS WINDOW HELP REMEMBER QUIT

VIEW: ORSDATA5.VW WINDOW 1

REC: 1 (1)

LOAD CREATE MODIFY SAVE UNLOAD ACTIVATE DISPLAY-ACTIVE IMPORT EXPORT PASSWORD

END OF DATA

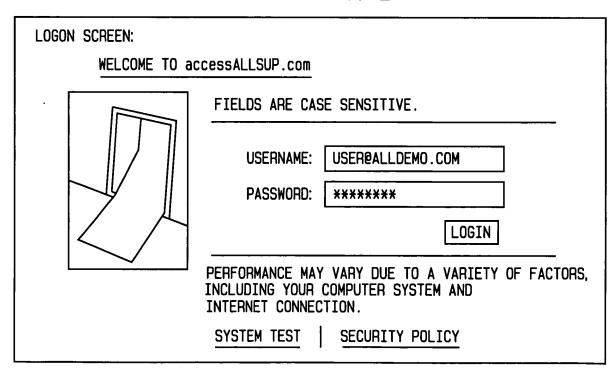
Sheet 7 of 11 Docket No.: AI 7391 C1 Inventors: James F. ALLSUP and Scott P. POSTON

Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component Express Mail #: EV 383194486 US

Atty: Ned W. Randle Phone: 314-238-2400

☐ SMARTWARE FOR WINDOWS (NEW VERSION) WINDOW 1 ===== END OF DATA : 1.0 : Y FEE RATE CLNT LORS ORS RATE ORS OART. RETRO SSI RETRO DEP RETRO LORS OP AMT \$0.00 AMOUNT 24.74 LORS FEE \$0.00 ORS QUARTER PERCENT OF STLMT ORS AMT DUE CLIENT 0.00 MENU: DATA FILE ORDER PRINT TOOLS WINDOW HELP REMEMBER QUIT VIEW: ORSDATA5.VW WINDOW 1 **REC: 1 (1)** LOAD CREATE MODIFY SAVE UNLOAD ACTIVATE DISPLAY-ACTIVE IMPORT EXPORT PASSWORD

## FIG. 10



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Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component

Express Mail #: EV 383194486 US

CLIENT REPRESENTATIVE ALLDEMO, INC.  SORT BY: NEED OP CALC   AWARDED   PENDING   CLOSED   ADVANCED			
WELCOME TO accessALLSUP.com  TO BEGIN, SELECT A SORT OPTION ABOVE  CLICK ON THE CLAIMANT'S NAME FOR DETAILED CLAIM STATUS AND OVERPAYMENT RECOVERY INFORMATION.  CLOSE "POP UP" WINDOW BEFORE VIEWING THE NEXT CASE  CLICK ON "CALC" (WHEN VISIBLE) FOR SSA QUERY INFORMATION AND TO SUBMIT AN OVERPAYMENT CALCULATION			
YOUR NAVIGATION, FUNCTION & INDICATOR ICONS ARE:			
REFERRAL FORM DONEW AWARD (VISIBLE FOR 10 DAYS)			
RETURN HOME X CLOSE WINDOW			
LOGOUT PAGE			

FIG. 12

CLIENT REPRESENTATI ALLDEMO, INC. SORT BY: NEED OP CA	VE ENTER SS	SEARCH 1	
THIRTYFIVE.CLAIMANT	000-00-0035 LEVEL 1	ORS-NEED PRIMARY OF CALC FROM CLIENT	CALC
TWENTYONE.CLAIMANT	000-00-0021 LEVEL 1	ORS-NEED PRIMARY OF CALC FROM CLIENT	CALC
TWENTYSIX.CLAIMANT	000-00-0026 LEVEL 1	ORS-NEED PRIMARY OF CALC FROM CLIENT	CALC

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Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component

STATE

OFFSET/REDUCTION TYPE

TERMINATION DATE

EFFECTIVE DATE

PRIMARY - OFFSET (S) & REDUCTION (S)

Express Mail #: EV 383194486 US

	04/30 2003 03/01/2004	05/29/2003 06/02/2003 QUERY	ci i i	ACTIVE	ACTIVE
	JGH: PE PART A: PART B:	B PREMIUM: :D BY SSA: ) AS OF:	EL IGIBLE	\$473.70	\$480.30
	ONLY RETROACTIVE PAID THROUGH: ENTITLEMENT TO MEDICARE PART A: ENBOLLMENT TO MEDICARE PART B:	MONTHLY MEDICARE PART B PREMIUM: DATE PAYMENT CERTIFIED BY SSA: PRIMARY DATA PROVIDED AS OF: DATA PROVIDED FROM:	PRIMARY - SSA BENEFITS ELIGIBLE	\$473.70 \$473.70	\$480.30
AYMENT CALC.	ARY ONLY RETROACTIV ENTITLEMEN	MONTHLY M DATE PAYM PRIMARY C DATA PROV	PRIMARY - SS	03/01/2002	12/01/2002
SSA QUERY SUMMARY   SUBMIT OVERPAYMENT CALC. THIRTYIVE, CLAIMANT - 000-00-0035 COMPANY: ALLDEMO INC. POLICY: SAMPLEPOLICY# ID: GROUP A	SUBMIT OVERPAYMENT CALCULATION FOR: PRIMARY ONLY PRIMARY RETROACTIVE AMOUNT: \$6,657.00 RETROACTIVE ONSET DATE:  ONSET DATE:  DATE OF ENTITIEMENT TO CASH: 03/01/2002 ENROLE	t: 07/202	LIGIBLE	\$473.70	\$480.30
SA QUERY SUMMARY SUBMI CLAIMANT - 000-00-0035 LDEMO INC. POLICY: SA	YMENT CALCUL, JACTIVE AMOUN	HEDICAL RE-EXAM: LING: MMENTS	SSA BENEFITS ELIGIBLE	\$473.70	\$480.30
SSA THIRTYIVE, CL COMPANY: ALLD	SUBMIT OVERPAY PRIMARY RETRO ONSET DATE:	SCHEDULED MEDICAL DATE OF FILING: PRIMARY COMMENTS	- <u>≻</u>	03/01/2002	12/01/2002

FIG. 14

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Atty: Ned W. Randle Phone: 314-238-2400

Title: Long Term Disability Overpayment
Recovery Service With Interactive
Client Component
Express Mail #: EV 383194486 US

SSA QUERY SUMMARY SUBMIT OVERPAYMENT CALC.
THIRTYIVE, CLAIMANT - 000-00-0035 COMPANY: ALLDEMO INC. POLICY: SAMPLEPOLICY# ID: GROUP A
OVERPAYMENT CALCULATION FORM  PRIMARY OP AMOUNT: \$  OP CALCULATION PERIOD FROM: THROUGH:  (MM/DD/YYYY-BOTH FIELDS)
DEPENDENT OP AMOUNT: \$  OP CALCULATION PERIOD FROM: THROUGH:  (MM/DD/YYYY-BOTH FIELDS)  SUBMIT INFORMATION RESET

## FIG. 15

CLIENT REPRESENTATION ALLDEMO, INC. SORT BY: NEED OP CA		ENTER SSI	SEARCH CLOSED   ADVANCED
		•	<u> </u>
FORTYFOUR.CLAIMANT	000-00-0044	LEVEL 1	ORS-NEED QUERY FROM SSA
SIXTYONE.CLAIMANT	000-00-0061	LEVEL 1	ORS-NEED QUERY FROM SSA
SIXTYSIX.CLAIMANT	000-00-0066	LEVEL 1	ORS-NEED QUERY FROM SSA
EIGHTYONE.CLAIMANT	000-00-0081	LEVEL 1	ORS-RECOVERED/CLOSED
FORTYNINE.CLAIMANT	000-00-0049	LEVEL 3	ORS-RECOVERED/CLOSED
FORTYSIX.CLAIMANT	000-00-0046	LEVEL 3	ORS-RECOVERED/CLOSED
SEVENTY.CLAIMANT	000-00-0070	LEVEL 1	ORS-AWAITING PAYMENT FROM CLAIMANT
TEN.CLAIMANT	000-00-0010	LEVEL 1	ORS-RECOVERED/CLOSED
THIRTEEN. CLAIMANT	000-00-0013	LEVEL 3	ORS-RECOVERED/CLOSED
THIRTYFIVE.CLAIMANT	000-00-0035	LEVEL 1	ORS-NEED PRIMARY OP
			CALC FROM CLIENT <u>CLAC</u>
TWENTYONE.CLAIMANT	000-00-0021	LEVEL 1	ORS-NEED PRIMARY OP
			CALC FROM CLIENT <u>CALC</u>

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Title: Long Term Disability Overpayment Recovery Service With Interactive Client Component Express Mail #: EV 383194486 US

Atty: Ned W. Randle Phone: 314-238-2400

CLIENT REPRESENTATIV ALLDEMO, INC.	E [	ENTER SSN	SEARCH		
SORT BY: NEED OP CALC   AWARDED   PENDING   CLOSED   ADVANCED					
SEVENTYSIX.CLAIMANT SEVENTYTWO.CLAIMANT SIXTYSEVEN.CLAIMANT SIXTYTWO.CLAIMANT THIRTYEIGHT.CLAIMANT THIRTYNINE.CLAIMANT	000-00-0076 000-00-0072 000-00-0067 000-00-0062 000-00-0038 000-00-0039	LEVEL 3	ORS-CLAIMANT ORS-CLAIMANT ORS-CLAIMANT ORS-CLAIMANT ORS-CLAIMANT ORS-CLAIMANT	ACCEPTED ACCEPTED ACCEPTED ACCEPTED	SERVICE SERVICE SERVICE SERVICE

FIG. 17

CLIENT REPRESENTATIVALLDEMO, INC. SORT BY: NEED OP CAL	L	ENTER SSN PENDING	SEARCH CLOSED   ADVANCED
EIGHTYTWO.CLAIMANT FIFTYTHREE.CLAIMANT FIVE.CLAIMANT FORTY.CLAIMANT	000-00-0082 000-00-0053 000-00-0005 000-00-0040	LEVEL 0	RETURNED TO WORK ATTORNEY OR OTHER REPRESENTATION DENIED LACKS QUARTERS OF COVERAGE